

STATE OF WISCONSIN, CIRCUIT COURT, _____ COUNTY

☐ Amended

IN THE MATTER OF

**Statement of Acts by
Proposed Guardian and
Consent to Serve as
Guardian**

Case No. _____

Date of Birth _____

UNDER OATH, I STATE THAT THE FOLLOWING IS TRUE:

- ☐ I am the proposed guardian of the individual. I submit to the court this statement **at least 96 hours** before the court hearing.
- ☐ I am the proposed **temporary** guardian of the individual and I submit to the court this statement.
- I am currently charged with or have been convicted of a crime (misdemeanor or felony):
☐ No ☐ Yes If Yes, describe circumstances: _____
 - I have filed for or received protection under the federal bankruptcy laws:
☐ No ☐ Yes If Yes, describe circumstances: _____
 - Any license, certificate, permit, or registration that I am required to have under chs. 440 to 480, Wisconsin Statutes or by the laws of another state for the practice of a profession or occupation has been suspended or revoked:
☐ No ☐ Yes If Yes, describe circumstances: _____
 - I am listed in the Caregiver Misconduct Registry of the Department of Health Services under §146.40 (4g)(a)(2), Wisconsin Statutes.
☐ No ☐ Yes If Yes, describe circumstances: _____
 - I am currently a guardian of the person of 5 or more adult wards who are unrelated to me:
☐ No ☐ Yes If Yes, describe circumstances: _____
 - I am nominated to serve as: ☐ temporary guardian ☐ guardian ☐ standby guardian ☐ successor guardian of the ☐ person ☐ estate of the above named individual and consent to serve as guardian and will act in the best interest of this individual.
 - If appointed as **guardian of the person**, I will file the Annual Report on the Condition of the Ward.
 - If appointed as **guardian of estate**, I will file the Guardianship Inventory **within 60 days of appointment**, and the Account of Guardian or Conservator annually and/or as otherwise required.
 - I will exercise all powers and perform all duties as guardian as required by law.

Subscribed and sworn to before me

on _____

Signature of Proposed Guardian_____
Notary Public, State of Wisconsin_____
Name Printed or Typed

My commission expires: _____

Address_____
Phone Number

Name of Attorney

Address

Telephone Number

Bar Number